

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002087

AMENDED

Registration District No.

149

Primary Registration District No. 1.0.02

Registrar's No.

282

STATE FILE NUMBER

FILED JAN 25 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

4 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

2641 Forest

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Johnson

c. CITY

Westwood Hills

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

4806 State Line

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

HARVE

L.

VEATCH, SR.

4. DATE

Month

Day

Year

OF  
DEATH

January

13

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-30-83

## 9. AGE (last birthday)

78 years

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer &amp; Service Sta.

## 10b. KIND OF BUSINESS OR INDUSTRY

General

## 11. BIRTHPLACE (City and state or country)

Carroll County Mo. U. S.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Jacob Veatch

## 13b. MOTHER'S MAIDEN NAME

Julia Hall

## 14. NAME OF HUSBAND OR WIFE

Dorothy F. Veatch, dec

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Doris Barker, 1908 W 48 Terrace, Shawnee Mission, Kans

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Occlusion

## INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypertension

3 yrs -

## DUE TO (c)

Senility

3 yrs -

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

June 19 62

to June 13, 1962

and last saw him alive on June 13, 1962

## Death occurred at

7:45 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-16-62

## 23c. NAME OF CEMETERY OR CREMATORY

Evergreen

## 23d. LOCATION (City, town, or county)

De Witt

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Wagner Funeral Home, K. C. Mo.

## 25. DATE RECD. BY LOCAL REG.

1-16-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address 14. C. 740

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.